## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/435070

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| Effective October 1, 2003                      |   |                                   |                   |                                       |                               |                     |  |                   | C    | 1/7                    | ))       | 070                   |                        |
|--|---|-----------------------------------|-------------------|---------------------------------------|-------------------------------|---------------------|--|-------------------|------|------------------------|----------|-----------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |                                   |                   |                                       |                               |                     |  | SMALL ENTITY TYPE |      |                        | OR       | OTHER<br>SMALL        |                        |
| TC   | TAL CLAIMS  |                                   |                   |                                       |                               |                     | ĺ                                      | RATI              | E    | FEE                    | 1        | RATE                  | FEE                    |
| FO   | ıR  |                                   |                   | NUMBER                                | FILED                         | NUME                | ER EXTRA                               | BASIC             | EE   | 385 00                 | OR       | BASIC FEE             | 770.00                 |
| то   | TAL CHARGEA   | BLE CLA                           | IMS               | 21 mi                                 | nus 20=                       | •                   | XS 9                                   | =                 |      | OR                     | X\$18=   | 1800                  |                        |
| IND  | EPENDENT CL   | AIMS                              |                   | 3 m                                   | inus 3 =                      | <u> </u>            | · .                                    | X43:              | =    |                        | OR       | X86=                  |                        |
| MU   | ILTIPLE DEPEN   | IDENT CL                          | AIM PF            | RESENT                                |                               |                     |  | +145              | =    |                        | OR       | +290=                 |                        |
| * If   | the difference  | in column                         | n 1 is            | less than zero, enter "0" in column 2 |                               |                     |  | TOTA              | L    |                        | OR       | TOTAL                 | 18,00                  |
| CLAIMS AS AMENDED - PART                       |   |                                   |                   |                                       |                               |                     | (Column 3)                             | SMAL              | L E  | NTITY                  | OR       | OTHER<br>SMALL        |                        |
| AMENDMENT A                                    | A   | CLAIN<br>REMAIN<br>AFTE<br>AMENDA | IS<br>IING :<br>R |                                       | HIGH<br>NUM<br>PREVIO         | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA                       | RATE              |      | ADDI-<br>TIONAL<br>FEE |          | RATE                  | ADDI-<br>TIONAL<br>FEE |
| DME  | Total   | .21                               |                   | Minus                                 | 2                             | 1                   | =                                      | X\$ 9             | -    |                        | OR       | X\$18=                | 1                      |
| MEN  | Independent   |                                   |                   | Minus                                 |                               | 3                   | = /                                    | X43≈              |      |                        | OR       | X86=                  |                        |
|  | FIRST PRESE   | NOITATIN                          | OF MU             | JLTIPLE DE                            | TIPLE DEPENDENT CLAIM         |                     |  |                   | =    |                        | OR       | +290=                 |                        |
|  |   |                                   |                   |                                       |                               |                     |  | TOT<br>ADDIT F    |      |                        | OR       | TOTAL<br>ADDIT FEE    |                        |
|  |   | (Colum                            | n 1)              |                                       | (Colu                         | nn 2)               | (Column 3)                             | ADDII.            |      |                        |          |                       |                        |
| NT B   | B   | REMAIN<br>AFTE<br>AMENDA          | ING<br>R          |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER                 | PRESENT<br>EXTRA                       | RATE              |      | ADDI-<br>TIONAL<br>FEE |          | RATE                  | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                      | Total   | . 21                              |                   | Minus                                 | -2                            | ١                   | -                                      | X\$ 9:            | -    |                        | OR       | X\$18=                |                        |
| ME   | Independent   | . 3                               |                   | Minus                                 | ***                           | 3                   | -                                      | X43=              |      | *                      | OR       | X86=                  |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |                                   |                   |                                       |                               |                     | +145:                                  | -                 |      | OR                     | +290=    |                       |                        |
|  |   |                                   |                   |                                       |                               |                     |  | TOT<br>ADDIT F    |      |                        | OR       | TOTAL<br>ADDIT, FEE   |                        |
| (Column 1) (Column 2) (Column 3)               |   |                                   |                   |                                       |                               |                     |  |                   |      |                        |          |                       |                        |
| AMENE MENT C                                   | C   | CLAIN<br>REMAIN<br>AFTE<br>AMENDA | AS<br>NING<br>R   |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA                       | RATE              |      | ADDI-<br>TIONAL<br>FEE |          | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | iotai   | 1-21                              |                   | Minus                                 | - 2                           |                     | =                                      | X\$ 9=            | -    | i                      | OR       | <b>⊼</b> \$18=        |                        |
|  | Independent   | . 4                               | ,                 | Minus                                 |                               | 3_                  | <u> </u>                               | X43=              |      |                        | OR       | X8 <b>¥</b> €         | 84.00                  |
|  | FIRST PRESE   | ULTIPLE DEPENDENT CLAIM           |                   |                                       |                               | +145=               | 1                                      |                   |      | +290=                  | <u> </u> |                       |                        |
|  | If the entry in colu  | mn 1 is less                      | than th           | ne entry in col                       | umn 2, write                  | e "0" in co         | olumn 3                                | TOT               |      |                        | OR       | TOTAL                 |                        |
|  | If the 'Highest Nu<br>'If the 'Highest Nu<br>The 'Highest Nun | mber Previo                       | ously Pa          | aid For IN TH                         | IS SPACE                      | is less tha         | in 20, enter "20."<br>an 3, enter "3." | ADDIT, FI         | EE L | oropriate box          |          | ADDIT. FEE<br>lumn 1. | <b></b>                |

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| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |               |                               |                  |                  |     | SMALL ENTITY TYPE  |                        |     | OTHER THAN<br>SMALL ENTITY |                        |  |
|--|--|---|---------------|-------------------------------|------------------|------------------|-----|--------------------|------------------------|-----|----------------------------|------------------------|--|
| TC   | TAL CLAIMS                                     |   |               |                               |                  |                  |     | RATE               | FEE                    | 1   | RATE                       | FEE                    |  |
| FC   | iR.  |   | NUMBÉR        | FILED                         | NUMBER EXTRA     |                  |     | BASIC FEE          | 385 00                 | OR  | BASIC FEE                  | 770.00                 |  |
| TC   | TAL CHARGEA                                    | BLE CLAIMS  | 21 mi         | nus 20=                       | . (              |                  |     | X\$ 9=             |                        | OR  | X\$18=                     | 18,00                  |  |
| INE  | EPENDENT CL                                    | AIMS  | 3 m           | inus 3 =                      | ·                |                  |     | X43=               |                        | OR  | X86=                       |                        |  |
| ML.  | ILTIPLE DEPEN                                  | DENT CLAIM P  | RESENT        |                               |                  |                  |     | +145≃              |                        | OR  | +290=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |               |                               |                  |                  |     | TOTAL              | <b></b>                | OR  | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |               |                               |                  |                  |     | SMALL              | ENTITY                 | OR  | OTHER THAN<br>SMALL ENTITY |                        |  |
| NTN.   | 1  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                     |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY     | PRESENT<br>EXTRA |     | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| DME  | Total  | .21   | Minus         | - 2                           | 21               | =                |     | X\$ 9=             |                        | OR  | X\$18=                     | 5.1                    |  |
| AMENDMENT  | Independent                                    | . 4   | Minus         |                               | 4                | =                |     | X43=               |                        | OR  | X86=                       |                        |  |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                               |                  |                  |     | +145=              |                        | OR  | +290=                      |                        |  |
|  |  | 0 - 0   |               |                               |                  |                  | 1   | TOTAL              |                        | 00  | TOTAL                      |                        |  |
|  | After =  | (Column 1)  |               | (Colur                        | mn 2)            | (Column 3)       |     | ADDIT. FEE         |                        |     | ADDIT, FEE                 |                        |  |
| AMENDMENT &  | E  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                     |               | HIGH<br>NUM<br>PREVIO         | EST BER<br>DUSLY | PRESENT<br>EXTRA |     | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| DME  | Total  | . 21  | Minus         | - 7                           | 21               | -                |     | X\$ 9=             |                        | OR  | X\$18=                     |                        |  |
| MEN  | Independent                                    | . 4   | Minus         | ***                           | 4                | -                |     | X43=               |                        | OR  | X86=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                               |                  |                  |     | +145=              |                        | OR. | +290=                      |                        |  |
| +145=<br>TOTAL   |  |   |               |                               |                  |                  |     |                    |                        | 00  | TOTAL                      | <u> </u>               |  |
|  |  |   |               |                               |                  |                  |     | ADDIT FEE          |                        | On  | ADDIT, FEE                 | - 17                   |  |
| ا  |  | (Column 1)<br>CLAIMS  |               | (Colur                        |                  | (Column 3)       | ٦.  |                    |                        |     |                            |                        |  |
| AMEND MENT C   |  | REMAINING<br>AFTER<br>AMENDMENT                               |               | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY     | PRESENT<br>EXTRA |     | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | ioiai  |   | Minus         |                               |                  | =                | 1   | X\$ 9=             | i                      | OR  | ⊼\$18=                     | Í                      |  |
|  | Independent                                    |   | Minus         | ***                           |                  | =                | 11  | X43=               |                        | OR  | X86=                       |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                               |                  |                  |     |                    |                        |     | 000                        |                        |  |
|  |  | 4 in tone #   |               |                               | o *O* .o ·       | duma 3           | 1   | +145=              |                        | OR  | +290=                      |                        |  |
|  | If the "Highest Nu                             | mn 1 is less than t<br>mber Previously P<br>mber Previously P | aid For IN TH | IS SPACE I                    | is less tha      | an 20, enter *20 | - 7 | TOTAL<br>ADDIT FEE |                        | OR  | TOTAL<br>ADDIT, FEE        | L                      |  |
| ı  | ii iiie riigiiestivi                           |   |               | J. MOL                        |                  |                  |     | 4                  |                        |     | 1                          |                        |  |